

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Audiologists
Speech-Language Pathologists
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 02-45 MAA
Issued: June 7, 2002

For Information Call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 01-17 MAA

Subject: Update to the RBRVS* and Vendor Rate Increase for Audiology and Speech Pathology Program

Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2002 relative value units (RVUs);
- The updated Medicare Clinical Laboratory Fee Schedule (MCLFS);
- The Year 2002 additions of Current Procedural Terminology (CPT™) codes;
- Changes to Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes; and
- A legislatively appropriated one and one-half (1.5) percent vendor rate increase.

Maximum Allowable Fees

In updating the fee schedule with Year 2002 RVUs, MAA maintained overall budget neutrality. The 2001-2003 Biennium Appropriations Act authorizes this one and one-half (1.5) percent vendor rate increase for MAA fee-for-service programs. The maximum allowable fees have been adjusted to reflect the changes listed above.

Clarifications

MAA added additional language under the visit limitations section to clarify the documentation requirements for timed visits.

To obtain this fee schedule electronically, go to MAA's website at <http://maa.dshs.wa.gov>. Click on the Provider Publications/Fee Schedule link.

Attached are updated replacement pages 7-16 for MAA's Speech/Audiology Program Billing Instructions, dated July 1999.

Bill MAA your usual and customary charge.

*** RBRVS is short for Resource Based Relative Value Scale**

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Speech-Language Pathology

For MAA to pay for speech-language therapy, a client must have a medically recognized disease or defect which requires speech-language therapy services.

Who is eligible to provide speech-language therapy? **[WAC 388-545-0700 (1)(a)(b)]**

Speech-language therapy must be provided by a speech-language pathologist who has been granted a certificate of clinical competence by the American Speech, Language, and Hearing Association or by an individual who has completed the equivalent educational and work experience necessary for such a certificate.

Swallowing Evaluations

Swallowing (dysphagia) evaluations must be performed by a speech-language pathologist who:

- Holds a master's degree in speech-language pathology; and
- Has received extensive training in the anatomy and physiology of the swallowing mechanism, with additional training in the evaluation and treatment of dysphagia.

A swallowing evaluation includes:

- An oral-peripheral exam to evaluate the anatomy and function of the structures used in swallowing;
- Dietary recommendations for oral food and liquid intake therapeutic or management techniques; and
- (May include) A videofluoroscopy for further evaluation of swallowing status and aspiration risks.

Visit Limitations



NOTE: Beginning and ending times of each therapy encounter must be documented in the client's record.

Visits are based on the CPT procedure code description. If the description does not include time, the procedure is counted as one visit, regardless of how long the procedure takes.

If time is included in the CPT procedure code description, the beginning and end times of each therapy modality must be documented in the client's medical record

- Cognitive Skills (CPT procedure codes 97532 and 97533) is considered a speech/audiology program visit and is part of the 12-visit speech/audiology program visit limitation. Each 15-minute increment will be counted as one speech/audiology program visit. These procedure codes can be billed alone or with other speech-language allowed CPT procedure codes.
- Procedures counted in the 12-visit limitation are CPT procedure codes 97532 and 97533.
- MAA allows evaluation of speech (CPT procedure code 92506) once per year, per client, per provider and it is not included in the 12-visit limitation. A second evaluation will be allowed at time of discharge for the following diagnosis codes:

348.1	Anoxic brain damage
436	Acute, but ill-defined, cerebrovascular disease
852-852.59	Subarachnoid, subdural, and extradural hemorrhage, following injury
854-854.19	Intracranial injury of other and unspecified nature

- Duplicative services for Occupational, Physical, and Speech Therapy are not allowed for the same client when both providers are performing the same or similar intervention(s).

(CPT procedure codes and descriptions are copyright 2001 American Medical Association.)

How do I request approval to exceed the limits?

For clients 21 years of age and older who need therapy visits above those allowed by diagnosis, the provider must request MAA approval to exceed the limits. The request for additional services must state the following in writing:

1. The name and Patient Identification Code (PIC) number of the client;
2. The therapist's name and provider number;
3. The prescription for therapy;
4. The number of visits were used during that calendar year;
5. The number of additional visits are needed;
6. The most recent therapy evaluation/note;
7. Expected outcomes (goals);
8. If therapy is related to an injury or illness, the date(s) of injury or illness;
9. The primary diagnosis or ICD-9-CM diagnosis code and description; and
10. The place of service.

Send your request to:

MAA – Medical Operations
Attn: Medical Request Coordinator
PO Box 45506
Olympia, WA 98504-5506
Fax: (360) 586-2262

Audiology

MAA may pay for speech/audiology program services for conditions that are the result of medically recognized diseases and defects.

Who is eligible to provide audiology services? **[WAC 388-545-0700 (1)(c)]**

Audiologists who are appropriately licensed or registered to provide speech/audiology services within their state of residence to MAA clients.

What type of equipment must be used?

Audiologists must use yearly calibrated electronic equipment, according to RCW 18.35.020.

What about children with special health care needs?

Refer to MAA's Hearing Aid Program Billing Instructions for information regarding Children with Special Health Care Needs (CSHCN). (See *Important Contacts*.)

Visit Limitations



NOTE: Beginning and ending times of each therapy encounter must be documented in the client's record.

Visits are based on the CPT procedure code description. If the description does not include time, the procedure is counted as one visit, regardless of how long the procedure takes.

- Cognitive Skills (CPT procedure codes 97532 and 97533) is considered a speech/audiology program visit and is part of the 12-visit speech/audiology program visit limitation. Each 15-minute increment will be counted as one speech/audiology program visit. These procedure codes can be billed alone or with other audiology allowed CPT procedure codes.
- Procedures counted in the 12-visit limitation are CPT procedure codes 92507, 92508, 97532, and 97533.
- Evaluation of speech (CPT procedure Code 92506) is allowed once per year, per client, per provider and is not included in the 12-visit limitation. A second evaluation will be allowed at time of discharge for the following diagnosis codes:

348.1	Anoxic brain damage
436	Acute, but ill-defined, cerebrovascular disease
852-852.59	Subarachnoid, subdural, and extradural hemorrhage, following injury
854-854.1	Intracranial injury of other and unspecified nature

- For caloric vestibular testing (CPT procedure code 92543), bill one unit per irrigation. If necessary, you may bill up to four units for each ear.
- For sinusoidal vertical axis rotational testing (CPT procedure code 92546), bill 1 unit per velocity/per direction. If necessary, you may bill up to 3 units for each direction.

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4. The number of visits were used during that calendar year;
5. The number of additional visits are needed;
6. The most recent therapy evaluation/note;
7. Expected outcomes (goals);
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Fee Schedule

Due to its licensing agreement with the American Medical Association, MAA publishes only official, brief CPT procedure code descriptions. To view the full descriptions, please refer to your current CPT book.

AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS

CPT [®] Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92506	Speech/hearing evaluation	\$59.61	\$30.03
92507	Speech/hearing evaluation	47.55	18.43
92508	Speech/hearing evaluation	46.64	9.56
92510	Rehab for ear implant	83.27	53.92
92551	Pure tone hearing test, air	10.18	10.18
97532	Cognitive skills development	13.88	13.88
97533	Sensory integration	15.02	15.02

(CPT procedure codes and descriptions are copyright 2001 American Medical Association.)

AUDIOLOGISTS ONLY

CPT® Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
69210	Remove impacted ear wax	\$27.98	\$20.25
92541	Spontaneous nystagmus test	43.00	43.00
92541-26	Spontaneous nystagmus test	13.88	13.88
92541-TC	Spontaneous nystagmus test	29.12	29.12
92542	Positional nystagmus test	40.04	40.04
92542-26	Positional nystagmus test	11.60	11.60
92542-TC	Positional nystagmus test	28.44	28.44
92543	Caloric vestibular test	11.60	11.60
92543-26	Caloric vestibular test	3.64	3.64
92543-TC	Caloric vestibular test	7.96	7.96
92544	Optokinetic nystagmus test	37.54	37.54
92544-26	Optokinetic nystagmus test	9.10	9.10
92544-TC	Optokinetic nystagmus test	28.44	28.44
92545	Oscillating tracking test	36.17	36.17
92545-26	Oscillating tracking test	8.19	8.19
92545-TC	Oscillating tracking test	27.98	27.98
92546	Sinusoidal rotational test	58.01	58.01
92546-26	Sinusoidal rotational test	10.01	10.01
92546-TC	Sinusoidal rotational test	48.00	48.00
92547	Supplemental electrical test	28.67	28.67
92552	Pure tone audiometry, air	10.24	10.24
92553	Audiometry, air & bone	15.24	15.24
92555	Speech threshold audiometry	8.87	8.87
92556	Speech audiometry, complete	13.42	13.42

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AUDIOLOGISTS ONLY (cont.)

CPT® Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92557	Comprehensive hearing test	\$27.76	\$27.76
92567	Tympanometry	12.29	12.29
92568	Acoustic reflex test	8.87	8.87
92569	Acoustic reflex decay test	9.56	9.56
92579	Visual audiometry (VRA)	16.84	16.84
92582	Conditioning play audiometry	16.84	16.84
92584	Electrocochleography	57.10	57.10
92585	Auditor evoke potent, compre	59.38	59.38
92585-26	Auditor evoke potent, compre	16.84	16.84
92585-TC	Auditor evoke potent, compre	42.54	42.54
92586	Evoked auditory test	42.32	42.32
92587	Evoked otoacoustic emissions; limited	34.81	34.81
92587-26	Evoked otoacoustic emissions; limited	4.78	4.78
92587-TC	Evoked otoacoustic emissions; limited	30.03	30.03
92588	Evoked auditory test	46.64	46.64
92588-26	Evoked auditory test	12.51	12.51
92588-TC	Evoked auditory test	34.13	34.13
92589	Auditory function test(s)	12.74	12.74

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SPEECH-LANGUAGE PATHOLOGISTS ONLY

CPT [®] Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92525	Oral function evaluation	\$73.94	\$48.91
92526	Oral function therapy	48.46	18.88
92597	Oral speech device eval	65.52	43.68
92598	Modify oral speech device	40.50	32.31

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